Substitute per letter dated 09/03/98

State Missouri

- Assisting the child and his or her caregivers to access and utilize a variety of community agencies and resources to provide ongoing social, education, vocational and recreational supports and activities necessary to transition or maintain the child in a normalized setting;
- Providing individualized assistance in creating personal support systems for the child and his or her caregivers necessary to transition or maintain the child in a normalized setting;
- Providing individualized assistance, as a 24 hour a day resource, in accessing needed mental health services;
- Interceding on behalf of the child, within the community-at-large to assist the child in achieving and maintaining community adjustment and maximizing community integration;
- Monitoring the child's participation and progress in organized treatment programs to assure the planned provision of service according to the child's individual treatment and rehabilitation plan;
- Maintaining contact and participating in and facilitating discharge planning for children who are hospitalized.

◆ Specialized Sexual Abuse Treatment:
- Therapeutic rehabilitative interventions specifically focused on issues related to the child's history of sexual abuse.

◆ 24-hour Crisis Intervention and Stabilization:
- The provision of immediate response, intervention, and referral for persons experiencing crisis situations, on a 24 hour, 7 days a week basis, responding to crisis by providing community based interventions in the least restrictive environment, stabilization of persons in crisis and referral to appropriate agencies to regain an optimal level of functioning.

◆ Intensive In-Home Services:
- Flexible, intensive rehabilitative services provided in the home. In-home services are an alternative to residential treatment.

◆ Medication Management and Monitoring:
- The assessment of the need for medications and the ongoing management of a medication regimen.

◆ Day Treatment/Psychosocial Rehabilitation:
- Individual and group activities and rehabilitative services which are planned and goal-oriented in a structured, comprehensive individual client treatment plan typically not exceeding eight hours.

◆ Therapeutic Counseling or Consultation Services not Covered Separately through the HCY or Physician's Services Program:
- Goal-directed face-to face therapeutic interventions either provided on an individual or group basis.

◆ Supported Independent Living and Transitional Living Services:
- Rehabilitative services necessary for youth transitioning from out-of-home care to independent living in the community.

Substitute per letter dated 09/03/98.

State Missouri

- School-based Behavioral Support Services not included in the IEP:
  - Flexible rehabilitative services in a school setting to assist with the implementation of a child-specific behavior management plan.

Comprehensive Day Rehabilitation Services:

Comprehensive day rehabilitation services are goal directed services to a population with a primary diagnosis of traumatically acquired brain damage resulting in residual deficits and disability. The program provides intensive, comprehensive services designed to prevent and/or minimize chronic disabilities while restoring the individual to an optimal level of physical cognitive and behavioral functions. Emphasis in this program is on functional living skills, adaptive strategies for cognitive, memory or perceptual deficits.

Comprehensive day rehabilitation services must be provided in a free standing rehabilitation center or in an acute hospital setting with space dedicated to head injury rehabilitation. Providers must be approved by the Division of Medical Services.

Comprehensive Substance Treatment and Rehabilitation Services:

Day treatment, individual counseling, family therapy, group counseling, codependency counseling, group educational counseling, ADA community support services, intake/screening, and comprehensive assessment are covered for recipients under the Missouri Medicaid Comprehensive Substance Abuse Treatment Program. Comprehensive substance abuse and addiction treatment is offered to recipients to provide a continuum of care within community based settings.

Services are restricted to recipients who have been assessed to need a particular level of CSTAR treatment. Each recipient will have an individual treatment plan comprised of those services designed to meet the individual's circumstances and needs. The individual treatment plan will be reviewed and signed either by a licensed psychologist, board-certified psychiatrist, or licensed physician. Services are further contingent upon the review and approval of the Department of Mental Health.

Adult Day Health Care Services:

Service is provided to recipients 18 and over with functional impairments who would otherwise require a nursing facility level of care. An individual plan of care provides up to 10 hours of care, and includes a program of organized therapeutic, rehabilitative and social activities, as well as medical supervision, medication services, meals and snacks, and necessary transportation.

The plan of care is developed in collaboration with a physician and must be reviewed at least every six months.

State Missouri

14. Services for Individuals Age 65 or Older in Institutions for Mental Diseases

a. Inpatient Hospital Services

Inpatient services are covered for those recipients age 65 or older who have been certified by state Medical Consultant review as requiring institutionalized psychiatric care. Duration of service is conditional upon periodic, subsequent recertification of need. General medical and surgical care which is required and provided in the psychiatric facility is covered as determined medically necessary by the recipient's attending physician. Care provided under these circumstances is subject to Medicaid non-coverage issues as specified in the Institutional Provider Manual. Benefits as available to the recipient under Title XVIII, Medicare, for inpatient psychiatric facility services are required to be utilized.

State Missouri

15. Intermediate Care Facilities Services

Intermediate care facilities services are limited to recipients who are medically certified as requiring this level of care by the state agency Medical Consultant. Duration of service coverage is conditional upon periodic, subsequent recertification.

State Missouri

15.a. Intermediate Care Facilities Services

No payment for services will be made if the requirement for preadmission screening has not been made prior to admission and a determination made that nursing home placement is appropriate.

Intermediate care facilities services are limited to recipients who are medically certified as requiring this level of care by the state agency Medical Consultant. Duration of service coverage is conditional upon periodic, subsequent recertification.

15.b. Including Such Services in an Institution for the Mentally Retarded

Intermediate care facility/mentally retarded services are limited to recipients who are medically certified as requiring this level of care by the state agency Medical Consultant. Duration of service covered conditional upon periodic, subsequent recertification.

16. Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age

Inpatient psychiatric facility services are limited to those provided for those recipients who are medically certified as requiring this level of care in accordance with 42 CFR 441.152. Services are limited to individuals under the age of twenty-one (21), or if receiving the services immediately before attaining the age of twenty-one (21), not to extend beyond the earlier of:

(1) the date the services are no longer required; or

(2) the date the individual reaches the age of twenty-two (22).

Coverage of services will be limited to those provided within a psychiatric facility or program within a psychiatric facility which is accredited by the Joint Commission on Accreditation of Hospitals and licensed by the hospital licensing authority of the State of Missouri or provided within a psychiatric facility operated by the Missouri Department of Mental Health and is accredited by the Joint Commission on Accreditation of Hospitals. General medical or surgical care which may be required and provided while the recipient is receiving psychiatric services in a state mental hospital is subject to the same benefits and limitations as apply to services received in a participating general hospital. Benefits as may be available to the recipient under Title XVIII, Part A, Medicare for inpatient psychiatric facility services are required to be utilized.

State Missouri

17. Nurse-Midwife Services

Nurse-midwife services are provided for the complete care, management and monitoring of a woman in the absence of medical complications and her unborn/newborn infant throughout the course of the normal cycle of gestation including pregnancy, labor and delivery and the initial post delivery/postpartum period not to exceed six (6) weeks; and for the routine post delivery care of the neonate, including physician examination of baby and conference with parents.

Provision of nurse-midwife services will be limited to those providers meeting the conditions of provider participation as specified in 13 CSR 70-55.010.

18. Hospice Services

Hospice services are provided for the complete comprehensive care and management of the terminal illness of the individual who has been certified by a physician as having a prognosis of a life expectancy of six months or less and who elects hospice services. Hospice services are non-curative in nature and focus on pain management and support services for the terminally ill and their family. All care provided to the patient must be consistent with the plan of care established by the hospice interdisciplinary team.

Upon the election of hospice services the patient signs an agreement to waive those Medicaid services for care, treatment, or services related to their terminal illness that would be covered under the Medicaid program, other than the services provided by the elected hospice and their attending physician.

An Individual may elect to receive hospice care during one or more of the following election periods: (1) An initial 90-day period, (2) A subsequent 90-day period, (3) A subsequent 30-day period, (4) Unlimited subsequent 90-day periods. During each election period the recipient may change hospice one (1) time. Revocation of the election of hospice does not prohibit the recipient from returning to hospice in the future. A recipient is eligible to receive hospice services from date of election until death, as long as other hospice eligibility requirements are met.

Provision of hospice services will be limited to those providers who have been medicare and state certified as hospice providers, and shall be otherwise subject to the limitations of amounts, duration and scope as defined in state rule 13 CSR 70-50.010.

See additional #19 S at back of this section

19. Targeted Case Management for Pregnant Women

The targeted case management program covers case management services for at-risk pregnant women. Providers must be enrolled as a targeted case management provider for pregnant women or a 1905(a) case management provider. The amount, duration, and scope of case management services provided for pregnant women is described herein.

Case management services are reimbursed on a monthly basis as appropriate for services rendered during a month. The admission case management encounter is required to be face-to-face and is to include an assessment of the client's needs.

Based on the assessment, the case manager will formulate an individualized plan of management designed to accomplish/meet the intended objectives. At a minimum, the following management services shall be included in the plan and provided as appropriate to the pregnant women.

- 0 Referral to prenatal care (if not already enrolled), within two weeks of enrollment in case management.
- 0 Track all prenatal and post partum medical appointments. Follow-up on broken appointments shall be made within one week of the appointment.
- 0 If the client is under age 21, insure that EPSDT/HCY screens are current.
- 0 Referral to WIC (if not already enrolled) within two weeks of enrollment in case management.
- 0 Assist in making delivery arrangements by the 24th week of gestation.
- 0 Assist in making transportation arrangements for prenatal care, delivery and post partum care.
- 0 Referral to prenatal or childbirth education where available.
- 0 Plan for alternative living arrangements which are accessible within 24 hours for those who are subject to abuse or abandonment.
- 0 Assist the mother in enrolling the newborn in ongoing primary care (EPSDT/HCY services) before closing the mother to case management.

Quality Assurance

Assurance of quality of case management services will be monitored on a regular basis to assure compliance and quality of care through on-site reviews by the Missouri Department of Social Services or their authorized representatives. Quality Assurance activities conducted by the Missouri Department of Health, acting as authorized representatives, shall be monitored by the Department of Social Services as provided in an interagency agreement.

Initial and routine on-site reviews will consist of the following items:

- 0 Provider policy(s) and procedures regarding recipient grievance and resolution
- 0 Care coordinator credentials and job description
- 0 Review documented care coordination
- 0 Other documents needed to clarify questions
- 0 An exit review with appropriate provider personnel

The Department of Social Services may, if the case management provider's patterns of utilization, quality of care, or appropriateness of care differ significantly from his peers:

Discuss with the case management provider what steps can be taken to resolve the inappropriate patterns of utilization; and require that the services that are provided be consistent with the standards for appropriateness of care, the medical necessity of care, and the quality of care that Missouri Medicaid applies to all other case managers. The case management provider shall have thirty (30) days to correct the identified problems. If the provider fails to correct the problems, the Department shall:

- 0 Stop offering the case management provider as a choice to additional at risk recipients until patterns of utilization, quality of care, and appropriateness of care are satisfactorily improved.
- 0 Terminate the case management provider specialty.

A case management provider may appeal to the Administrative Hearing Commission, under the provisions of Sections 208.156 and 621.055, RSMo 1986, decisions by the Department of such actions as suspension, termination, or denial of participation.

20. Extended services to pregnant women.

a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

b. Services for any other medical conditions that may complicate pregnancy.

Major categories of services which are available for pregnancy-related, postpartum, and any other pregnancy complicating conditions are:

- Inpatient and Outpatient hospital
- Physician
- Pharmacy
- Dental
- Clinic
- Nurse-midwife

Limitations on these services for these conditions are the same as elsewhere described or referenced in Attachment 3.1-A. Other non-major categories of services included in this Plan are similarly available for these conditions and subject to the same limitations as elsewhere described or referenced in Attachment 3.1-A.

23. Nurse Practitioner Services

Nurse practitioner services are limited to those services provided by properly licensed and certified pediatric nurse practitioners, family nurse practitioners and obstetrical and gynecological nurse practitioners practicing within the scope of the law.

A new patient office visit is limited to one per provider for each recipient. An established patient extended or comprehensive visit is limited to one per provider per year for each recipient.

Other nurse practitioner limitations apply as set forth in the Nurse Practitioner Provider Manual.

Reference Nurse Practitioner Services 3.1-A 6d page 12. BW

State Missouri

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary

a. Transportation

Emergency ambulance service is provided under Medicaid when an emergency medical situation exists, the recipient is transported to the nearest appropriate hospital or emergency room, and the patient could not be safely transported by any other means.

Transportation by ambulance to or from a physician's or dentist's office, an independent clinic or an independent laboratory, are not covered services. Ambulance service to a patient's home and transportation by air ambulance are also non-covered services.

Refer to Attachment 3.1-A, page 10d for coverage under EPSDT.

d. Skilled Nursing Facility Services for Patients Under 21 Years of Age

Skilled nursing facility services are available to those recipients under 21 who have been certified by a State Medical Consultant as requiring a skilled nursing level of care. Duration of service is conditional upon periodic, subsequent recertification.

f. Personal Care Services

Personal Care Services are medically oriented services provided in the individual's home, or in a licensed Residential Care Facility I or II to assist with activities of daily living. Personal care services are prescribed by a physician, are provided in accordance with an individual plan of care, and are supervised by a registered nurse.

1. Personal care services as an alternative to institutional care:

Personal Care Service is provided on a scheduled basis to eligible recipients in their own homes or in a licensed Residential Care Facility I or II as an alternative to a state agency determined need for twenty-four hour institutional care on an inpatient or residential basis in a hospital or nursing facility. Coverage of service requires and is in accordance with a personal care plan and an in-home assessment of need which must be completed at least every six months. Services must be supervised by an RN who must visit a 10% sample of caseload monthly, which visits will not be reimbursed, and must also at the authorization of the state agency's case mnaager make additional visits which will be reimbursed to provided enhanced supervision and certain other functions necessary to the maintenance of the recipient in his home.